NORWOOD HEALTH CARE-FDD 1600 NORTH CHESTNUT

| MARSHFIELD      | 54449           | Phone: (715) 384-2188 | 3   | Ownership:                        | County |
|-----------------|-----------------|-----------------------|-----|-----------------------------------|--------|
| Operated from   | 1/1 To 12/31    | Days of Operation:    | 365 | Highest Level License:            | FDDs   |
| Operate in Con  | junction with 1 | Hospital?             | Yes | Operate in Conjunction with CBRF? | No     |
| Number of Beds  | Set Up and Sta  | affed (12/31/03):     | 29  | Title 18 (Medicare) Certified?    | No     |
| Total Licensed  | Bed Capacity    | (12/31/03):           | 29  | Title 19 (Medicaid) Certified?    | Yes    |
| Number of Resid | dents on 12/31, | /03:                  | 29  | Average Daily Census:             | 28     |

| Services Provided to Non-Residents |                            | Age, Gender, and Primary Di | Length of Stay (12/31/03)                |            |                                 |                     |       |  |
|------------------------------------|----------------------------|-----------------------------|--|------------|---------------------------------|---------------------|-------|--|
|                                    |                            | Primary Diagnosis           |  | Age Groups | 응                               |                     | 3.4   |  |
| Supp. Home Care-Personal Care      | No                         |                             |  |            |                                 | 1 - 4 Years         | 24.1  |  |
| Supp. Home Care-Household Services | No                         | Developmental Disabilities  | mental Disabilities 82.8   Under 65 100. |            | 100.0                           |                     | 65.5  |  |
| Day Services No                    |                            | Mental Illness (Org./Psy)   | 3.4                                      | 65 - 74    | 0.0                             |                     |       |  |
| Respite Care                       | No                         | Mental Illness (Other)      | 13.8                                     | 75 - 84    | 0.0                             |                     | 93.1  |  |
| Adult Day Care                     | No                         | Alcohol & Other Drug Abuse  | 0.0                                      | 85 - 94    | 0.0                             | *********           | ***** |  |
| Adult Day Health Care              | Para-, Quadra-, Hemiplegic | 0.0                         | 95 & Over                                | 0.0        | O   Full-Time Equivalent        |                     |       |  |
| Congregate Meals No                |                            | Cancer                      |  |            | Nursing Staff per 100 Residents |                     |       |  |
| Home Delivered Meals               | No                         | Fractures                   | 0.0                                      |            | 100.0                           | (12/31/03)          |       |  |
| Other Meals                        | No                         | Cardiovascular              | 0.0                                      | 65 & Over  | 0.0                             |                     |       |  |
| Transportation                     | No                         | Cerebrovascular             | 0.0                                      |            |                                 | RNs                 | 3.8   |  |
| Referral Service                   | No                         | Diabetes                    | 0.0                                      | Gender     | 용                               | LPNs                | 7.2   |  |
| Other Services                     | No                         | Respiratory                 | 0.0                                      |            |                                 | Nursing Assistants, |       |  |
| Provide Day Programming for        |                            | Other Medical Conditions    | 0.0                                      | Male       | 69.0                            | Aides, & Orderlies  | 145.2 |  |
| Mentally Ill                       | No                         |                             |  | Female     | 31.0                            |                     |       |  |
| Provide Day Programming for        |                            |                             | 100.0                                    |            |                                 | I                   |       |  |
| Developmentally Disabled           | Yes                        | I                           |  | l          | 100.0                           | I                   |       |  |

## Method of Reimbursement

|                    | Medicare<br>(Title 18) |     | Medicaid<br>(Title 19) |     | Other |                     | Private<br>Pay |     | Family<br>Care      |     |     | Managed<br>Care     |     |     |                     |     |     |                     |                         |       |
|--------------------|------------------------|-----|------------------------|-----|-------|---------------------|----------------|-----|---------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-----|---------------------|-------------------------|-------|
| Level of Care      | No.                    | 양   | Per<br>Diem<br>(\$)    | No. | %     | Per<br>Diem<br>(\$) | No.            | %   | Per<br>Diem<br>(\$) | No. | %   | Per<br>Diem<br>(\$) | No. | ્ર  | Per<br>Diem<br>(\$) | No. | %   | Per<br>Diem<br>(\$) | Total<br>Resi-<br>dents | - Of  |
| Int. Skilled Care  | 0                      | 0.0 | 0                      | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Skilled Care       | 0                      | 0.0 | 0                      | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Intermediate       |                        |     |                        | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Limited Care       |                        |     |                        | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Personal Care      |                        |     |                        | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Residential Care   |                        |     |                        | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Dev. Disabled      |                        |     |                        | 29  | 100.0 | 175                 | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 29                      | 100.0 |
| Traumatic Brain In | j 0                    | 0.0 | 0                      | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Ventilator-Depende | nt 0                   | 0.0 | 0                      | 0   | 0.0   | 0                   | 0              | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0   | 0.0 | 0                   | 0                       | 0.0   |
| Total              | 0                      | 0.0 |                        | 2.9 | 100.0 |                     | 0              | 0.0 |                     | 0   | 0.0 |                     | 0   | 0.0 |                     | 0   | 0.0 |                     | 2.9                     | 100.0 |

County: Wood Facility ID: 6131 Page 2
NORWOOD HEALTH CARE-FDD

| Admissions, Discharges, and Deaths During Reporting Period | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 |                      |               |       |                   |                        |           |  |  |  |  |
|--|--|----------------------|---------------|-------|-------------------|------------------------|-----------|--|--|--|--|
| beating burning Reporting Period                           |  |                      |               |       |                   | Total                  |           |  |  |  |  |
| ercent Admissions from:                                    | i  | Activities of        | 8             | Ass   | sistance of       | % Totally              | Number of |  |  |  |  |
| Private Home/No Home Health                                | 0.0  | Daily Living (ADL)   | Independent   | One   | Or Two Staff      | Dependent              | Residents |  |  |  |  |
| Private Home/With Home Health                              | 0.0  | Bathing              | 48.3          |       | 51.7              | 0.0                    | 29        |  |  |  |  |
| Other Nursing Homes  | 66.7   | Dressing             | 72.4          |       | 27.6              | 0.0                    | 29        |  |  |  |  |
| Acute Care Hospitals                                       | 0.0  | Transferring         | 93.1          |       | 6.9               | 0.0                    | 29        |  |  |  |  |
| Psych. HospMR/DD Facilities                                | 33.3   | Toilet Use           | 82.8          |       | 17.2              | 0.0                    | 29        |  |  |  |  |
| Rehabilitation Hospitals                                   | 0.0  | Eating               | 96.6          |       | 3.4               | 0.0                    | 29        |  |  |  |  |
| Other Locations  | 0.0  | ******               | *****         | ***** | *****             | ******                 | ******    |  |  |  |  |
| otal Number of Admissions                                  | 3  | Continence           |               | 8     | Special Treatmen  | ts                     | 8         |  |  |  |  |
| ercent Discharges To:                                      |  | Indwelling Or Extern | nal Catheter  | 3.4   | Receiving Resp.   | iratory Care           | 0.0       |  |  |  |  |
| Private Home/No Home Health                                | 0.0  | Occ/Freq. Incontiner | nt of Bladder | 20.7  | Receiving Trac    | heostomy Care          | 0.0       |  |  |  |  |
| Private Home/With Home Health                              | 0.0  | Occ/Freq. Incontiner | nt of Bowel   | 0.0   | Receiving Suct    | ioning                 | 0.0       |  |  |  |  |
| Other Nursing Homes  | 50.0   |                      |               |       | Receiving Osto    | my Care                | 0.0       |  |  |  |  |
| Acute Care Hospitals                                       | 0.0  | Mobility             |               |       | Receiving Tube    | Feeding                | 0.0       |  |  |  |  |
| Psych. HospMR/DD Facilities                                | 50.0   | Physically Restraine | ed            | 3.4   | Receiving Mech    | anically Altered Diets | 58.6      |  |  |  |  |
| Rehabilitation Hospitals                                   | 0.0  |                      |               |       |                   |                        |           |  |  |  |  |
| Other Locations  | 0.0  | Skin Care            |               |       | Other Resident Cl | haracteristics         |           |  |  |  |  |
| Deaths   | 0.0  | With Pressure Sores  |               | 0.0   | Have Advance D    | irectives              | 0.0       |  |  |  |  |
| otal Number of Discharges                                  | i  | With Rashes          |               | 3.4   | Medications       |                        |           |  |  |  |  |
| (Including Deaths)   | 2 i  |                      |               |       | Receiving Psyc    | hoactive Drugs         | 72.4      |  |  |  |  |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

|  | This<br>Facility |      | FDD<br>cilities |       | All<br>ilties |  |  |
|--|------------------|------|-----------------|-------|---------------|--|--|
|  | 8                | 8    | Ratio           | %     | Ratio         |  |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 96.6             | 89.6 | 1.08            | 87.4  | 1.10          |  |  |
| Current Residents from In-County                     | 82.8             | 33.5 | 2.47            | 76.7  | 1.08          |  |  |
| Admissions from In-County, Still Residing            | 100.0            | 11.3 | 8.85            | 19.6  | 5.09          |  |  |
| Admissions/Average Daily Census                      | 10.7             | 21.3 | 0.50            | 141.3 | 0.08          |  |  |
| Discharges/Average Daily Census                      | 7.1              | 25.0 | 0.29            | 142.5 | 0.05          |  |  |
| Discharges To Private Residence/Average Daily Census | 0.0              | 11.4 | 0.00            | 61.6  | 0.00          |  |  |
| Residents Receiving Skilled Care                     | 0.0              | 0.0  | 0.00            | 88.1  | 0.00          |  |  |
| Residents Aged 65 and Older                          | 0.0              | 15.3 | 0.00            | 87.8  | 0.00          |  |  |
| Title 19 (Medicaid) Funded Residents                 | 100.0            | 99.3 | 1.01            | 65.9  | 1.52          |  |  |
| Private Pay Funded Residents                         | 0.0              | 0.5  | 0.00            | 21.0  | 0.00          |  |  |
| Developmentally Disabled Residents                   | 82.8             | 99.4 | 0.83            | 6.5   | 12.75         |  |  |
| Mentally Ill Residents                               | 17.2             | 0.3  | 62.73           | 33.6  | 0.51          |  |  |
| General Medical Service Residents                    | 0.0              | 0.3  | 0.00            | 20.6  | 0.00          |  |  |
| Impaired ADL (Mean)*                                 | 11.7             | 53.1 | 0.22            | 49.4  | 0.24          |  |  |
| Psychological Problems                               | 72.4             | 50.1 | 1.44            | 57.4  | 1.26          |  |  |
| Nursing Care Required (Mean)*                        | 7.8              | 11.0 | 0.70            | 7.3   | 1.06          |  |  |